UNITED STATES

SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM D

OMB Number: 3235-0076 Expires: April 30, 2008 Estimated average burden

hours per response ... 16.00

RECEIVE

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPT

\SEC	USE C	NLY .
Prefix		Serial
/ DATE	RECE	IVED

Name of Offering (check if this is an amendment and name has changed, and indicate change.)	<u> </u>
Convertible Promissory Notes and Warrants to purchase Series F Preferred Stock; the Series F I exercise thereof; and the Common Stock issuable upon conversion of the Preferred Stock.	referred Stock issuable upon the
File Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)	ULOE
Type of Filing: New Filing Amendment	·
A. BASIC IDENTIFICATION DATA	4
Enter the information requested about the issuer	<u> </u>
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	
Turin Networks, Inc.	1
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
1415 N. McDowell Blvd., Petaluma, CA 94954	(707) 665-4400
Address of Principal Business Operations (Number and Street, City, State, Zip Code PROCESSED (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business APR 0 3 2007	1
-	•
THOMSON'	
Type of Business Organization FINANCIAL	(1
	(please specify):
☐ business trust ☐ limited partnership, to be formed	. 4
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:	Actual Estimated
CN for Canada; FN for C	other foreign jurisdiction) D E

GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

		A. BASIC IDENT	IFICATION DATA		
2. Enter the information req	uested for the follo	owing:	•		
-		er has been organized with	nin the past five years:		
-	ner having the po	-	r direct the vote or dispos	sition of, 10% or	more of a class of equity
		corporate issuers and of co	orporate general and manag	ring partners of pa	rtnership issuers: and
Each general and ma			riporate general and manag	ing partiers or pa	· · ·
Check Box(es) that Apply:	Promoter	☑ Beneficial Owner		□ Director	General and/or Managing Partner
Full Name (Last name first, if Webley, John	individual)				
Business or Residence Addres	s (Number and Str	reet, City, State, Zip Code)	1		
	•	cDowell Blvd., Petaluma,			
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if Cassin, B.J.	individual)	•			
Business or Residence Addres	=	*			<u>.</u>
c/o Turin Networks	i, Inc., 1415 N. M	cDowell Blvd., Petaluma,	, CA 94954		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if Doll, Dixon	individual)				
Business or Residence Addres	s (Number and Str	reet, City, State, Zip Code)	i		
	•	oad, Bldg. 2, Suite 200, N			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if Manning, Robert	individual)		·		
Business or Residence Addres		reet, City, State, Zip Code) on Avenue, New York, N			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)		-		· · · · · · · · · · · · · · · · · · ·
Danielson, Jon		··			•
Business or Residence Addres , c/o Tudor Investme		reet, City, State, Zip Code) harf, 6 th Floor, Boston, M			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first, if Green, Donald	individual)				
Business or Residence Addres	s (Number and Str	reet, City, State, Zip Code)	···		
		cDowell Blvd., Petaluma		2	
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Wasik, Henry		,			
Business or Residence Addres	s (Number and Str	reet, City, State, Zip Code)			
c/o Turin Networks	i, Inc., 1415 N. M	cDowell Blvd., Petaluma	, CA 94954		
	(Use blank s	sheet, or copy and use add	litional copies of this shee	t, as necessary.)	

•

	•	A. BASIC IDENTIF	ICATION DATA		
 Enter the information requested Each promoter of the issue Each beneficial owner ha securities of the issuer; Each executive officer and Each general and managin 	er, if the issuer has ving the power to director of corpor	been organized within vote or dispose, or rate issuers and of corp	direct the vote or disposi		
Check Box(es) that Apply:	Promoter 🛛	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if indivi- Motorola, Inc.	dual)				,
Business or Residence Address (Nur 1303 E. Algonquin Road,		• • • •			
Check Box(es) that Apply:	Promoter 🛛	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if indivi- Tellabs Equity Holding (•				
Business or Residence Address (Nur 1415 West Diehl Road, N					
Check Box(es) that Apply:	Promoter 🗵	Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if individual of the CD Management, LLC a	•				
Business or Residence Address (Nur c/o Turin Networks, Inc.,	•	• • • • • • • • • • • • • • • • • • • •	CA 94954		•
Check Box(es) that Apply:	Promoter 🗵	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual Name (Last name first, if individual IX, L.P.	•				,
Business or Residence Address (Nur 3000 Sand Hill Road, Sui		• • • •			
		Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if indivi- Baker Communications I	•	. and affiliates			
Business or Residence Address (Nur c/o Baker Capital Corp.,	•		10022		
		Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if indivi- DCM III. L.P. and affilia	-				·
Business or Residence Address (Nur 2420 Sand Hill Road, Blo			25		
		Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if indivi-	dual)				
Business or Residence Address (Nur 1201 Winterson Road, Li		•			

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

		A. BASIC IDENT	IFICATION DATA		
 Each promote 	ial owner having the po	uer has been organized witl	nin the past five years; r direct the vote or dispos	sition of, 10% or	more of a class of equity
	ve officer and director of and managing partner of	-	orporate general and manag	ging partners of par	rtnership issuers; and
Check Box(es) that Ap	ply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name :	first, if individual) ires II, L.P. and affiliat	es			
		reet, City, State, Zip Code) /harf, 6 th Floor, Boston, N			
Check Box(es) that Ap	<u> </u>	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name	first, if individual)	,			
Business or Residence	Address (Number and St	reet, City, State, Zip Code)		
Check Box(es) that Ap	ply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name	first, if individual)				
Business or Residence	Address (Number and St	reet, City, State, Zip Code)		
Check Box(es) that Ap	ply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name	first, if individual)		,		
Business or Residence	Address (Number and Si	reet, City, State, Zip Code	· · · · · · ·		
Check Box(es) that Ap	ply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name	first, if individual)				
Business or Residence	Address (Number and St	reet, City, State, Zip Code)	- · - · ·	· .
Check Box(es) that Ap	ply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name	first, if individual)				
Business or Residence	Address (Number and St	reet, City, State, Zip Code)		
Check Box(es) that Ap	ply: Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name	first, if individual)	· · · · · · · · · · · · · · · · · · ·			
Business or Residence	Address (Number and S	reet, City, State, Zip Code)		
	(Use blank	sheet, or copy and use add	itional copies of this sheet,	as necessary.)	· 2

					,	B. INFOR	MATION	ABOUT O	FFERING					
1.	Has th	ne issuer s	sold, or do	es the issu				•		ring?			Yes	No ⊠
			,						ling under U	_			_	-
2.	What	is the mi	nimum inv	estment th		-	•	·=				S	N/A	
												······· • <u> </u>	Yes	No
3.	Does	the offeri	ng permit	joint owne	rship of a	single unit	?						×	Ö
4.	Enter	the info	mation re	quested f	or each p	erson who	has been	or will be	paid or giv	en, directly	or indirect	ly, any		
	a pers states,	ission or on to be , list the :	similar realisted is an listed is an name of the	nuneration n associate ne broker	n for solic: ed person or or dealer.	itation of p or agent of If more tl	urchasers in a broker o	n connectio r dealer reg) persons to	n with sales istered with be listed a	of securitie	s in the offer id/or with a d persons of	ring. If state or	,	
Full	Name	(Last nar	ne first, if	individual)									
Buşi	ness o	r Residen	ce Addres	s (Number	r and Stree	t, City, Sta	te, Zip Cod	e)			,			
Nam	e of A	ssociated	Broker or	Dealer						• •	•			
	•						-							
State	s in W	/hich Per	son Listed	Has Solic	ited or Inte	ends to Sol	icit Purchas	sers				·	•	
(C	heck "	'All State	s" or check	c individu	al States).					•••••		•	□ A!	l States
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Nam	e of A	ssociated	Broker or	Dealer										
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Nam	e of A	ssociated	Broker or	Dealer	<u>.</u>									
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(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$0	\$0
	Equity	\$0	- \$ 0
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)	\$2,765,888.19	\$2,765,888.19
	Partnership Interests	\$	\$
	Other (Specify)	s	- s
	Total	\$2,765,888.19	\$2,765,888.19
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	·.	
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	50	\$2,765,888.19
	Non-accredited Investors	0	\$0
	Total (for filings under Rule 504 only)		\$
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505	N/A	\$
	Regulation A	N/A	\$
	Rule 504	·N/A	\$
	Total	N/A	\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees] s
	Printing and Engraving Costs] \$
	Legal Fees		\$To be determined
	Accounting Fees	_	
	Engineering Fees	_	
	Sales Commissions (specify finder's fees separately)	<u></u>	
	Other Expenses (identify)		
	Total	rs rs	To be determined

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

Q	uestion I and total expenses furnished in re	ate offering price given in response to Part C-sponse to Part C - Question 4.a. This differen	ce is the		\$ <u>2,765,888.19</u>
u. es	sed for each of the purposes shown. If the stimate and check the box to the left of the	gross proceeds to the issuer used or propose e amount for any purpose is not known, fur estimate. The total of the payments listed mustorth in response to Part C - Question 4.b. above	nish an st equal		
	•			Payments to Officers, Directors, & Affiliates	Payments To Others
	Salaries and fees	·	□ \$		□ s
	Purchase of real estate				
	Purchase, rental or leasing and installation	on of machinery and equipment			□ s
	Construction or leasing of plant building	s and facilities			□ s
	offering that may be used in exchange for	the value of securities involved in this or the assets or securities of another	□ \$		□ \$
	Repayment of indebtedness		□ s		□ s
	Working capital	٠			∑ \$2,765,888.19
	Other (specify):				
		· · · · · · · · · · · · · · · · · · ·	□. s		□ s
	•		□ s		S2,765,888.19
	· Total Payments Listed (column totals ad	ded)			\$2,765,888.19
_	.	D. FEDERAL SIGNATURE			
llow	ing signature constitutes an undertaking by	ned by the undersigned duly authorized pers the issuer to furnish to the U.S. Securities and any non-accredited investor pursuant to parag	Exchange	Commission, u	d under Rule 505, to
suer	(Print or Type)	Signature / >	Da	te	
urin	Networks, Inc.	We lull	3	3-27-07	•
ame	of Signer (Print or Type)	Title of Signer (Print or Type)		<u> </u>	
'illia	m Zerella	Chief Financial Officer			

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)